

**United States Bankruptcy Court
Western District of Virginia**

In re Letisia Allen-Waddy

Debtor(s)

Case No. 19-60365

Chapter 13

CERTIFICATE OF SERVICE

I hereby certify that on **March 7, 2019**, a copy of the Chapter 13 Plan, in conformity with the requirements of Federal Rule of Bankruptcy Procedure 7004, under Local Rule 3015-1(B), where applicable, was served electronically or by regular United States mail to all interested parties, the Trustee and all creditors listed below.

Ally Financial
Attn: Bankruptcy Dept
Po Box 380901
Bloomington, MN 55438

Capital One
Attn: Bankruptcy
Po Box 30285
Salt Lake City, UT 84130

Citibank North America
Citibank Corp/Centralized Bankruptcy
Po Box 790034
St Louis, MO 63179

Comenity Bank/Victoria Secret
Attn: Bankruptcy Dept
Po Box 182125
Columbus, OH 45318

Comenity Capital/Zales
Attn: Bankruptcy Dept
Po Box 18215
Columbus, OH 43218

Comenitybank/New York
Attn: Bankruptcy Dept
Po Box 182125
Columbus, OH 43218

County Of Albemarle
Department Of Finance
401 McIntire Rd
Charlottesville, VA 22902-4579

Dept of Ed / Navient
Attn: Claims Dept
Po Box 9635
Wilkes Barr, PA 18773

Discover Financial
Po Box 3025
New Albany, OH 43054

Four Seasons Townhouse Association
c/o Real Property Inc
PO Box 97795
Las Vegas, NV 89193

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

Internal Revenue Service
Insolvency Unit
400 N 8th St Ste 76
Richmond, VA 23219-4836

JL Walston & Associates

Attn: Bankruptcy Dept
2609 N Duke St
Durham, NC 27704

Kohls/Capital One
Kohls Credit
Po Box 3120
Milwaukee, WI 53201

LendingClub
Attn: Bankruptcy
71 Stevenson St, Ste 1000
San Francisco, CA 94105

Liberty Mutual
688 Berkmar Cir Ste 2E
Charlottesville, VA 22901

Mariner Finance
Attn: Bankruptcy Department
8211 Town Center Dr.
Baltimore, MD 21236

Mercury/FBT
Attn: Bankruptcy
Po Box 84064
Columbus, GA 31908

Merrick Bank/CardWorks
Attn: Bankruptcy
Po Box 9201
Old Bethpage, NY 11804

Navient
Attn: Bankruptcy
Po Box 9000
Wiles-Barr, PA 18773

Navient
Attn: Bankruptcy
Po Box 9000
Wiles-Barr, PA 18773

Navient
Attn: Bankruptcy
Po Box 9000
Wiles-Barr, PA 18773

NetCredit
175 W. Jackson Blvd., Suite 1000
Chicago, IL 60604

Pennymac Loan Services
Attn: Bankruptcy
Po Box 514387
Los Angeles, CA 90051

Syncb Bank/American Eagle
Attn: Bankruptcy
Po Box 965060
Orlando, FL 32896

Synchrony Bank
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/ JC Penneys
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

Synchrony Bank/Lowes
Attn: Bankruptcy Dept
Po Box 965060
Orlando, FL 32896

TACS
P.O. Box 31800
Henrico, VA 23294

Target
Target Card Services
Mail Stop NCB-0461
Minneapolis, MN 55440

UVA Community CU
Attn: Bankruptcy
3300 Berkmar Dr
Charlottesville, VA 22901

UVA Health System
PO Box 530272
Patient Financial Services
Atlanta, GA 30353

Virginia Dept of Taxation
Bankruptcy Unit
PO Box 2156
Richmond, VA 23218-2156

/s/ Larry L. Miller

Larry L. Miller
Miller Law Group, P.C.
485 Hillsdale Drive
Suite 341
Charlottesville, VA 22901
434-974-9776 Fax: 434-973-6773

**United States Bankruptcy Court
Western District of Virginia**

In re Letisia Allen-Waddy

Debtor(s)

Case No. 19-60365

Chapter 13

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Attn: Bankruptcy Dept
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Philadelphia, PA 19101-7346

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Insolvency Unit
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Richmond, VA 23219-4836

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Durham, NC 27704

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Kohls Credit
Po Box 3120
Milwaukee, WI 53201

LendingClub
Attn: Bankruptcy
71 Stevenson St, Ste 1000
San Francisco, CA 94105

Liberty Mutual
688 Berkmar Cir Ste 2E
Charlottesville, VA 22901

Mariner Finance
Attn: Bankruptcy Department
8211 Town Center Dr.
Baltimore, MD 21236

Mercury/FBT
Attn: Bankruptcy
Po Box 84064
Columbus, GA 31908

Merrick Bank/CardWorks
Attn: Bankruptcy
Po Box 9201
Old Bethpage, NY 11804

Navient
Attn: Bankruptcy
Po Box 9000
Wiles-Barr, PA 18773

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NetCredit
175 W. Jackson Blvd., Suite 1000
Chicago, IL 60604

Pennymac Loan Services
Attn: Bankruptcy
Po Box 514387
Los Angeles, CA 90051

Syncb Bank/American Eagle
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TACS
P.O. Box 31800
Henrico, VA 23294

Target
Target Card Services
Mail Stop NCB-0461
Minneapolis, MN 55440

UVA Community CU
Attn: Bankruptcy
3300 Berkmar Dr
Charlottesville, VA 22901

UVA Health System
PO Box 530272
Patient Financial Services
Atlanta, GA 30353

Virginia Dept of Taxation
Bankruptcy Unit
PO Box 2156
Richmond, VA 23218-2156

/s/ Larry L. Miller

Larry L. Miller
Miller Law Group, P.C.
485 Hillsdale Drive
Suite 341
Charlottesville, VA 22901
434-974-9776 Fax: 434-973-6773

Fill in this information to identify your case:

Debtor 1 **Letisia Allen-Waddy**
 First Name Middle Name Last Name

Debtor 2
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **WESTERN DISTRICT OF VIRGINIA**

Case number: **19-60365**
 (If known)

☐ Check if this is an amended plan, and list below the sections of the plan that have been changed.

Official Form 113
Chapter 13 Plan

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Part 1: Notices

To Debtor(s): This form sets out options that may be appropriate in some cases, but the presence of an option on the form does not indicate that the option is appropriate in your circumstances or that it is permissible in your judicial district. Plans that do not comply with local rules and judicial rulings may not be confirmable.

In the following notice to creditors, you must check each box that applies

To Creditors: Your rights may be affected by this plan. Your claim may be reduced, modified, or eliminated. You should read this plan carefully and discuss it with your attorney if you have one in this bankruptcy case. If you do not have an attorney, you may wish to consult one.

If you oppose the plan's treatment of your claim or any provision of this plan, you or your attorney must file an objection to confirmation at least 7 days before the date set for the hearing on confirmation, unless otherwise ordered by the Bankruptcy Court. The Bankruptcy Court may confirm this plan without further notice if no objection to confirmation is filed. See Bankruptcy Rule 3015. In addition, you may need to file a timely proof of claim in order to be paid under any plan.

The following matters may be of particular importance. **Debtors must check one box on each line to state whether or not the plan includes each of the following items. If an item is checked as "Not Included" or if both boxes are checked, the provision will be ineffective if set out later in the plan.**

1.1	A limit on the amount of a secured claim, set out in Section 3.2, which may result in a partial payment or no payment at all to the secured creditor	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included
1.2	Avoidance of a judicial lien or nonpossessory, nonpurchase-money security interest, set out in Section 3.4.	<input type="checkbox"/> Included	<input checked="" type="checkbox"/> Not Included
1.3	Nonstandard provisions, set out in Part 8.	<input checked="" type="checkbox"/> Included	<input type="checkbox"/> Not Included

Part 2: Plan Payments and Length of Plan

2.1 Debtor(s) will make regular payments to the trustee as follows:

\$208.00 per **Bi-Weekly** for **60** months

Insert additional lines if needed.

If fewer than 60 months of payments are specified, additional monthly payments will be made to the extent necessary to make the payments to creditors specified in this plan.

2.2 Regular payments to the trustee will be made from future income in the following manner.

Check all that apply:

- ☐ Debtor(s) will make payments pursuant to a payroll deduction order.
☐ Debtor(s) will make payments directly to the trustee.
☒ Other (specify method of payment): **VIA TFS**

2.3 Income tax refunds.

Check one.

- ☒ Debtor(s) will retain any income tax refunds received during the plan term.

Debtor **Letisia Allen-Waddy** Case number **19-60365**

- ☐ Debtor(s) will supply the trustee with a copy of each income tax return filed during the plan term within 14 days of filing the return and will turn over to the trustee all income tax refunds received during the plan term.
- ☐ Debtor(s) will treat income refunds as follows:

2.4 Additional payments.

Check one.

- ☒ **None.** If "None" is checked, the rest of § 2.4 need not be completed or reproduced.

2.5 The total amount of estimated payments to the trustee provided for in §§ 2.1 and 2.4 is **\$27,040.00**.

Part 3: Treatment of Secured Claims

3.1 Maintenance of payments and cure of default, if any.

Check one.

- ☐ **None.** If "None" is checked, the rest of § 3.1 need not be completed or reproduced.
- ☒ The debtor(s) will maintain the current contractual installment payments on the secured claims listed below, with any changes required by the applicable contract and noticed in conformity with any applicable rules. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Any existing arrearage on a listed claim will be paid in full through disbursements by the trustee, with interest, if any, at the rate stated. Unless otherwise ordered by the court, the amounts listed on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) control over any contrary amounts listed below as to the current installment payment and arrearage. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. If relief from the automatic stay is ordered as to any item of collateral listed in this paragraph, then, unless otherwise ordered by the court, all payments under this paragraph as to that collateral will cease, and all secured claims based on that collateral will no longer be treated by the plan. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Collateral	Current installment payment (including escrow)	Amount of arrearage (if any)	Interest rate on arrearage (if applicable)	Monthly payment on arrearage	Estimated total payments by trustee
<u>Pennymac Loan Services</u>	<u>FHA Real Estate Mortgage</u>	<u>\$1,107.00</u>	Prepetition: <u>\$2,200.00</u>	<u>0.00%</u>	<u>\$146.67</u>	<u>\$2,200.00</u>

Disbursed by:

- ☐ Trustee
☒ Debtor(s)

Insert additional claims as needed.

3.2 Request for valuation of security, payment of fully secured claims, and modification of undersecured claims. Check one.

- ☐ **None.** If "None" is checked, the rest of § 3.2 need not be completed or reproduced.
The remainder of this paragraph will be effective only if the applicable box in Part 1 of this plan is checked.
- ☒ The debtor(s) request that the court determine the value of the secured claims listed below. For each non-governmental secured claim listed below, the debtor(s) state that the value of the secured claim should be as set out in the column headed *Amount of secured claim*. For secured claims of governmental units, unless otherwise ordered by the court, the value of a secured claim listed in a proof of claim filed in accordance with the Bankruptcy Rules controls over any contrary amount listed below. For each listed claim, the value of the secured claim will be paid in full with interest at the rate stated below.

The portion of any allowed claim that exceeds the amount of the secured claim will be treated as an unsecured claim under Part 5 of this plan. If the amount of a creditor's secured claim is listed below as having no value, the creditor's allowed claim will be treated in its entirety as an unsecured claim under Part 5 of this plan. Unless otherwise ordered by the court, the amount of the creditor's total claim listed on the proof of claim controls over any contrary amounts listed in this paragraph.

The holder of any claim listed below as having value in the column headed *Amount of secured claim* will retain the lien on the property interest of the debtor(s) or the estate(s) until the earlier of:

- (a) payment of the underlying debt determined under nonbankruptcy law, or
- (b) discharge of the underlying debt under 11 U.S.C. § 1328, at which time the lien will terminate and be released by the creditor.

Debtor Letisia Allen-Waddy Case number 19-60365

Name of creditor	Estimated amount of creditor's total claim	Collateral	Value of collateral	Amount of claims senior to creditor's claim	Amount of secured claim	Interest rate	Monthly payment to creditor	Estimated total of monthly payments
Four Seasons Townhouse Association	\$1,374.90	105 Woodlake Dr. Charlottesville, VA 22901 Albemarle County CTA	\$167,300.00	\$0.00	\$1,374.90	0.00%	\$38.19	\$1,374.84

Insert additional claims as needed.

3.3 Secured claims excluded from 11 U.S.C. § 506.

Check one.

☐

None. If "None" is checked, the rest of § 3.3 need not be completed or reproduced.

☒

The claims listed below were either:

(1) incurred within 910 days before the petition date and secured by a purchase money security interest in a motor vehicle acquired for the personal use of the debtor(s), or

(2) incurred within 1 year of the petition date and secured by a purchase money security interest in any other thing of value.

These claims will be paid in full under the plan with interest at the rate stated below. These payments will be disbursed either by the trustee or directly by the debtor(s), as specified below. Unless otherwise ordered by the court, the claim amount stated on a proof of claim filed before the filing deadline under Bankruptcy Rule 3002(c) controls over any contrary amount listed below. In the absence of a contrary timely filed proof of claim, the amounts stated below are controlling. The final column includes only payments disbursed by the trustee rather than by the debtor(s).

Name of Creditor	Collateral	Amount of claim	Interest rate	Monthly plan payment	Estimated total payments by trustee
Ally Financial	2011 Hyundai Tuscon 85,700 miles NADA Value: \$7,200	\$11,864.00	5.25%	\$225.25	\$13,514.97

Disbursed by:

☒ Trustee

☐ Debtor(s)

Insert additional claims as needed.

3.4 Lien avoidance.

Check one.

☒

None. If "None" is checked, the rest of § 3.4 need not be completed or reproduced.

3.5 Surrender of collateral.

Check one.

☒

None. If "None" is checked, the rest of § 3.5 need not be completed or reproduced.

Part 4: Treatment of Fees and Priority Claims

4.1 General

Trustee's fees and all allowed priority claims, including domestic support obligations other than those treated in § 4.5, will be paid in full without postpetition interest.

Debtor Letisia Allen-WaddyCase number 19-60365**4.2 Trustee's fees**

Trustee's fees are governed by statute and may change during the course of the case but are estimated to be 10.00% of plan payments; and during the plan term, they are estimated to total \$2,700.00.

4.3 Attorney's fees.

The balance of the fees owed to the attorney for the debtor(s) is estimated to be \$3,950.00.

4.4 Priority claims other than attorney's fees and those treated in § 4.5.

Check one.

- ☐ **None.** If "None" is checked, the rest of § 4.4 need not be completed or reproduced.
- ☒ The debtor(s) estimate the total amount of other priority claims to be \$3.00

4.5 Domestic support obligations assigned or owed to a governmental unit and paid less than full amount.

Check one.

- ☒ **None.** If "None" is checked, the rest of § 4.5 need not be completed or reproduced.

Part 5: Treatment of Nonpriority Unsecured Claims**5.1 Nonpriority unsecured claims not separately classified.**

Allowed nonpriority unsecured claims that are not separately classified will be paid, pro rata. If more than one option is checked, the option providing the largest payment will be effective. *Check all that apply.*

- ☐ The sum of \$ _____.
- ☒ 1.00 % of the total amount of these claims, an estimated payment of \$ 3,200.00.
- ☐ The funds remaining after disbursements have been made to all other creditors provided for in this plan.

If the estate of the debtor(s) were liquidated under chapter 7, nonpriority unsecured claims would be paid approximately \$ 154,374.89. Regardless of the options checked above, payments on allowed nonpriority unsecured claims will be made in at least this amount.

5.2 Maintenance of payments and cure of any default on nonpriority unsecured claims. Check one.

- ☒ **None.** If "None" is checked, the rest of § 5.2 need not be completed or reproduced.

5.3 Other separately classified nonpriority unsecured claims. Check one.

- ☒ **None.** If "None" is checked, the rest of § 5.3 need not be completed or reproduced.

Part 6: Executory Contracts and Unexpired Leases**6.1 The executory contracts and unexpired leases listed below are assumed and will be treated as specified. All other executory contracts and unexpired leases are rejected. Check one.**

- ☒ **None.** If "None" is checked, the rest of § 6.1 need not be completed or reproduced.

Part 7: Vesting of Property of the Estate**7.1 Property of the estate will vest in the debtor(s) upon**

Check the applicable box:

- ☒ plan confirmation.
- ☐ entry of discharge.
- ☐ other: _____

Part 8: Nonstandard Plan Provisions

Debtor Letisia Allen-WaddyCase number 19-60365**8.1 Check "None" or List Nonstandard Plan Provisions**☐ **None.** If "None" is checked, the rest of Part 8 need not be completed or reproduced.

Under Bankruptcy Rule 3015(c), nonstandard provisions must be set forth below. A nonstandard provision is a provision not otherwise included in the Official Form or deviating from it. Nonstandard provisions set out elsewhere in this plan are ineffective.

The following plan provisions will be effective only if there is a check in the box "Included" in § 1.3.

The debtors propose to make adequate protection payments other than as provided in Local Rule 4001-2.

Unless otherwise provided herein, the monthly payment amounts listed in Parts 3.2 and 3.3 of this Chapter 13 Plan will be paid as adequate protection beginning prior to confirmation to the holders of allowed secured claims.

1. Any unsecured proof of claim for a deficiency which results from the surrender and liquidation of the collateral noted in paragraph 3.5 of this plan must be filed by the earlier of the following dates or such claim will be forever barred: (1) within 180 days of the date of the first confirmation order confirming a plan which provides for the surrender of said collateral, or (2) within the time period set for the filing of an unsecured deficiency claim as established by any order granting relief from the automatic stay with respect to said collateral.

Said unsecured proof of claim for a deficiency must include appropriate documentation establishing that the collateral surrendered has been liquidated, and the proceeds applied, in accordance with applicable state law.

2. Any fees, expenses, or charges accruing on claims set forth in paragraph 3.1 of this Plan which are noticed to the debtor pursuant to Bankruptcy Rule 3002.1(c) shall not require modification of the debtor's plan to pay them. Instead, any such fees, expenses, or charges shall, if allowed, be payable by the debtor outside the Plan unless the debtor chooses to modify the plan to provide for them.

--All creditors must timely file a proof of claim to receive any payment from the Trustee.

--If a claim is scheduled as unsecured and the creditor files a claim alleging the claim is secured but does not timely object to confirmation of the Plan, the creditor may be treated as unsecured for purposes of distribution under the Plan. This paragraph does not limit the right of the creditor to enforce its lien, to the extent not avoided or provided for in this case, after the debtor(s) receive a discharge.

--If a claim is listed in the Plan as secured and the creditor files a proof of claim alleging the claim is unsecured, the creditor will be treated as unsecured for purposes of distribution under the Plan.

--The Trustee may adjust the monthly disbursement amount as needed to pay an allowed secured claim in full.

Part 9: Signature(s):**9.1 Signatures of Debtor(s) and Debtor(s)' Attorney**

If the Debtor(s) do not have an attorney, the Debtor(s) must sign below, otherwise the Debtor(s) signatures are optional. The attorney for Debtor(s), if any, must sign below.

X /s/ Letisia Allen-Waddy

Letisia Allen-Waddy

Signature of Debtor 1

X

Signature of Debtor 2

Executed on March 7, 2019

Executed on _____

X /s/ Larry L. Miller

Larry L. Miller

Signature of Attorney for Debtor(s)

Date March 7, 2019

By filing this document, the Debtor(s), if not represented by an attorney, or the Attorney for Debtor(s) also certify(ies) that the wording and order of the provisions in this Chapter 13 plan are identical to those contained in Official Form 113, other than any nonstandard provisions included in Part 8.

Debtor Letisia Allen-WaddyCase number 19-60365**Exhibit: Total Amount of Estimated Trustee Payments**

The following are the estimated payments that the plan requires the trustee to disburse. If there is any difference between the amounts set out below and the actual plan terms, the plan terms control.

a. Maintenance and cure payments on secured claims <i>(Part 3, Section 3.1 total)</i>	<u>\$2,200.00</u>
b. Modified secured claims <i>(Part 3, Section 3.2 total)</i>	<u>\$1,374.84</u>
c. Secured claims excluded from 11 U.S.C. § 506 <i>(Part 3, Section 3.3 total)</i>	<u>\$13,514.97</u>
d. Judicial liens or security interests partially avoided <i>(Part 3, Section 3.4 total)</i>	<u>\$0.00</u>
e. Fees and priority claims <i>(Part 4 total)</i>	<u>\$6,653.00</u>
f. Nonpriority unsecured claims <i>(Part 5, Section 5.1, highest stated amount)</i>	<u>\$3,257.19</u>
g. Maintenance and cure payments on unsecured claims <i>(Part 5, Section 5.2 total)</i>	<u>\$0.00</u>
h. Separately classified unsecured claims <i>(Part 5, Section 5.3 total)</i>	<u>\$0.00</u>
i. Trustee payments on executory contracts and unexpired leases <i>(Part 6, Section 6.1 total)</i>	<u>\$0.00</u>
j. Nonstandard payments <i>(Part 8, total)</i>	<u>\$0.00</u>
	+
Total of lines a through j	\$27,000.00

Fill in this information to identify your case:

Debtor 1 Letisia Allen-Waddy

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA

Case number 19-60365
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job, attach a separate page with information about additional employers.	Employment status*	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed	<input checked="" type="checkbox"/> Employed <input type="checkbox"/> Not employed
	Occupation	<u>Nurse (LPN)</u>	<u>Utility Worker</u>
Include part-time, seasonal, or self-employed work.	Employer's name	<u>Urological Associates, Ltd</u>	<u>Town of Orange</u>
	Employer's address	<u>155 Riverbend Dr Charlottesville, VA 22911</u>	<u>249 Blue Ridge Dr. Orange, VA 22960</u>
Occupation may include student or homemaker, if it applies.	How long employed there?	<u>1 year 5 months</u>	<u>1 year 5 months</u>

*See Attachment for Additional Employment Information

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	\$ <u>3,776.00</u>	\$ <u>2,655.00</u>
3. Estimate and list monthly overtime pay.	+\$ <u>0.00</u>	+\$ <u>0.00</u>
4. Calculate gross income. Add line 2 + line 3.	\$ <u>3,776.00</u>	\$ <u>2,655.00</u>

Debtor 1 **Letisia Allen-Waddy**Case number (if known) **19-60365**

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here	4. \$ 3,776.00	\$ 2,655.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$ 715.00	\$ 356.00
5b. Mandatory contributions for retirement plans	5b. \$ 164.00	\$ 102.00
5c. Voluntary contributions for retirement plans	5c. \$ 0.00	\$ 0.00
5d. Required repayments of retirement fund loans	5d. \$ 0.00	\$ 0.00
5e. Insurance	5e. \$ 0.00	\$ 247.00
5f. Domestic support obligations	5f. \$ 0.00	\$ 0.00
5g. Union dues	5g. \$ 0.00	\$ 0.00
5h. Other deductions. Specify: ICMA-RC	5h.+ \$ 0.00	+ \$ 26.00
ICMA-RC 45	\$ 0.00	\$ 102.00
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6. \$ 879.00	\$ 833.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$ 2,897.00	\$ 1,822.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ 0.00	\$ 0.00
8b. Interest and dividends	8b. \$ 0.00	\$ 0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ 0.00	\$ 0.00
8d. Unemployment compensation	8d. \$ 0.00	\$ 0.00
8e. Social Security	8e. \$ 0.00	\$ 0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f. \$ 0.00	\$ 0.00
8g. Pension or retirement income	8g. \$ 0.00	\$ 0.00
8h. Other monthly income. Specify: Part Time Job	8h.+ \$ 0.00	+ \$ 725.00
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9. \$ 0.00	\$ 725.00
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$ 2,897.00	+ \$ 2,547.00 = \$ 5,444.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:		
	11. +\$ 0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies	12. \$ 5,444.00	Combined monthly income
13. Do you expect an increase or decrease within the year after you file this form?		
<input checked="" type="checkbox"/> No.		
<input type="checkbox"/> Yes. Explain: NOTE: Wife no longer works her part-time job since October 2018. Husband now works only one part-time job.		

Debtor 1 **Letisia Allen-Waddy**

Case number (if known) **19-60365**

Official Form B 6I
Attachment for Additional Employment Information

Spouse	
Occupation	Bakery Helper
Name of Employer	Costco
How long employed	1 year 3 months
Address of Employer	Charlottesville, VA 22901

Fill in this information to identify your case:

Debtor 1 Letisia Allen-Waddy

Debtor 2 _____
(Spouse, if filing)

United States Bankruptcy Court for the: WESTERN DISTRICT OF VIRGINIA

Case number 19-60365
(If known)

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

MM / DD / YYYY

Official Form 106J

Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

☒ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate household?☐ No☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household* of Debtor 2.2. Do you have dependents? ☐ No

Do not list Debtor 1 and Debtor 2.

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not state the dependents names.

Daughter

9

☐ No☒ Yes

Son

17

☐ No☒ Yes

Daughter

18

☐ No☒ Yes☐ No☐ Yes3. Do your expenses include expenses of people other than yourself and your dependents? ☒ No ☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ 1,107.00

If not included in line 4:

4a. Real estate taxes

4a. \$ 0.00

4b. Property, homeowner's, or renter's insurance

4b. \$ 0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$ 100.00

4d. Homeowner's association or condominium dues

4d. \$ 180.00

5. Additional mortgage payments for your residence, such as home equity loans

5. \$ 0.00

Debtor 1 **Letisia Allen-Waddy**Case number (if known) **19-60365****6. Utilities:**

6a. Electricity, heat, natural gas	6a. \$	325.00
6b. Water, sewer, garbage collection	6b. \$	85.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$	45.00
6d. Other. Specify: Cell Phone	6d. \$	298.00
Cable	\$	149.00
Internet	\$	40.00
Gas	\$	90.00

7. Food and housekeeping supplies7. \$ **1,100.00****8. Childcare and children's education costs**8. \$ **100.00****9. Clothing, laundry, and dry cleaning**9. \$ **150.00****10. Personal care products and services**10. \$ **150.00****11. Medical and dental expenses**11. \$ **25.00****12. Transportation.** Include gas, maintenance, bus or train fare.12. \$ **425.00**

Do not include car payments.

13. Entertainment, clubs, recreation, newspapers, magazines, and books13. \$ **75.00****14. Charitable contributions and religious donations**14. \$ **0.00****15. Insurance.**

Do not include insurance deducted from your pay or included in lines 4 or 20.

15a. Life insurance 15a. \$ **0.00**15b. Health insurance 15b. \$ **0.00**15c. Vehicle insurance 15c. \$ **400.00**15d. Other insurance. Specify: 15d. \$ **0.00****16. Taxes.** Do not include taxes deducted from your pay or included in lines 4 or 20.Specify: **Personal Property Taxes**16. \$ **50.00****17. Installment or lease payments:**17a. Car payments for Vehicle 1 17a. \$ **0.00**17b. Car payments for Vehicle 2 17b. \$ **0.00**17c. Other. Specify: **Husband's Bills** 17c. \$ **100.00**17d. Other. Specify: 17d. \$ **0.00****18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).**18. \$ **0.00****19. Other payments you make to support others who do not live with you.**\$ **0.00**

Specify:

19.

20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.20a. Mortgages on other property 20a. \$ **0.00**20b. Real estate taxes 20b. \$ **0.00**20c. Property, homeowner's, or renter's insurance 20c. \$ **0.00**20d. Maintenance, repair, and upkeep expenses 20d. \$ **0.00**20e. Homeowner's association or condominium dues 20e. \$ **0.00****21. Other:** Specify:21. +\$ **0.00****22. Calculate your monthly expenses**

22a. Add lines 4 through 21.

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22c. Add line 22a and 22b. The result is your monthly expenses.

\$ **4,994.00**

\$

\$ **4,994.00****23. Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from Schedule I.

23a. \$ **5,444.00**

23b. Copy your monthly expenses from line 22c above.

23b. -\$ **4,994.00**

23c. Subtract your monthly expenses from your monthly income.

23c. \$ **450.00**The result is your *monthly net income*.**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.☐ Yes.

Explain here:

Allen-Waddy, Letisia - 19-60365

ALLY FINANCIAL
ATTN: BANKRUPTCY DEPT
PO BOX 380901
BLOOMINGTON, MN 55438

CAPITAL ONE
ATTN: BANKRUPTCY
PO BOX 30285
SALT LAKE CITY, UT 84130

CITIBANK NORTH AMERICA
CITIBANK CORP/CENTRALIZED BANKRUPTCY
PO BOX 790034
ST LOUIS, MO 63179

COMENITY BANK/VICTORIA SECRET
ATTN: BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS, OH 45318

COMENITY CAPITAL/ZALES
ATTN: BANKRUPTCY DEPT
PO BOX 18215
COLUMBUS, OH 43218

COMENITYBANK/NEW YORK
ATTN: BANKRUPTCY DEPT
PO BOX 182125
COLUMBUS, OH 43218

COUNTY OF ALBEMARLE
DEPARTMENT OF FINANCE
401 MCINTIRE RD
CHARLOTTESVILLE, VA 22902-4579

DEPT OF ED / NAVIENT
ATTN: CLAIMS DEPT
PO BOX 9635
WILKES BARR, PA 18773

DISCOVER FINANCIAL
PO BOX 3025
NEW ALBANY, OH 43054

Allen-Waddy, Letisia - 19-60365

FOUR SEASONS TOWNHOUSE ASSOCIATION
C/O REAL PROPERTY INC
PO BOX 97795
LAS VEGAS, NV 89193

INTERNAL REVENUE SERVICE
PO BOX 7346
PHILADELPHIA, PA 19101-7346

INTERNAL REVENUE SERVICE
INSOLVENCY UNIT
400 N 8TH ST STE 76
RICHMOND, VA 23219-4836

JL WALSTON & ASSOCIATES
ATTN: BANKRUPTCY DEPT
2609 N DUKE ST
DURHAM, NC 27704

KOHL'S/CAPITAL ONE
KOHL'S CREDIT
PO BOX 3120
MILWAUKEE, WI 53201

LENDINGCLUB
ATTN: BANKRUPTCY
71 STEVENSON ST, STE 1000
SAN FRANCISCO, CA 94105

LIBERTY MUTUAL
688 BERKMAR CIR STE 2E
CHARLOTTESVILLE, VA 22901

MARINER FINANCE
ATTN: BANKRUPTCY DEPARTMENT
8211 TOWN CENTER DR.
BALTIMORE, MD 21236

MERCURY/FBT
ATTN: BANKRUPTCY
PO BOX 84064
COLUMBUS, GA 31908

Allen-Waddy, Letisia - 19-60365

MERRICK BANK/CARDWORKS
ATTN: BANKRUPTCY
PO BOX 9201
OLD BETHPAGE, NY 11804

NAVIENT
ATTN: BANKRUPTCY
PO BOX 9000
WILES-BARR, PA 18773

NETCREDIT
175 W. JACKSON BLVD., SUITE 1000
CHICAGO, IL 60604

PENNYMAC LOAN SERVICES
ATTN: BANKRUPTCY
PO BOX 514387
LOS ANGELES, CA 90051

SYNCB BANK/AMERICAN EAGLE
ATTN: BANKRUPTCY
PO BOX 965060
ORLANDO, FL 32896

SYNCHRONY BANK
ATTN: BANKRUPTCY DEPT
PO BOX 965060
ORLANDO, FL 32896

SYNCHRONY BANK/ JC PENNEYS
ATTN: BANKRUPTCY DEPT
PO BOX 965060
ORLANDO, FL 32896

SYNCHRONY BANK/LOWES
ATTN: BANKRUPTCY DEPT
PO BOX 965060
ORLANDO, FL 32896

TACS
P.O. BOX 31800
HENRICO, VA 23294

Allen-Waddy, Letisia - 19-60365

TARGET
TARGET CARD SERVICES
MAIL STOP NCB-0461
MINNEAPOLIS, MN 55440

UVA COMMUNITY CU
ATTN: BANKRUPTCY
3300 BERKMAR DR
CHARLOTTESVILLE, VA 22901

UVA HEALTH SYSTEM
PO BOX 530272
PATIENT FINANCIAL SERVICES
ATLANTA, GA 30353

VIRGINIA DEPT OF TAXATION
BANKRUPTCY UNIT
PO BOX 2156
RICHMOND, VA 23218-2156